South Dakota Board of Nursing

South Dakota Department of Health
4305 S. Louise Avenue Suite 201; Sioux Falls, SD 57106-3115
(605) 362-2760; Fax: 362-2768; www.state.sd.us/doh/nursing

Medication Administration Training Program for Unlicensed Assistive Personnel
Application for *Curriculum Changes* to a Currently Approved Training Program

---

Medication administration may be delegated only to those individuals who have successfully completed a training program pursuant to ARSD 20:48:04.01:14. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents.

Send completed application and supporting documentation to: South Dakota Board of Nursing
4305 S. Louise Ave., Suite 201
Sioux Falls, South Dakota 57106-3115

Name of Institution:

Name of Primary Instructor:

Address:

Phone Number: _____   **Fax Number**: _____

E-mail Address of Faculty:

☐ List faculty and licensure information below.
☐ Submit documentation to provide evidence that the requested changes to the course meet the requirements listed in ARSD 20:48:04.01 13-15. (see *Initial* MATP Application)
☐ OR – you are requesting to use a standard curriculum approved by the Board of Nursing; if so, you are not required to submit additional curriculum information.
   Name of standard curriculum: _____

Faculty Information:

RN Faculty/Instructor Name(s)	RN license			
	State	**Number**	**Expiration Date**	**Verification** *(Completed by SDBON)*

(If requesting new faculty: Attach curriculum vitas, resumes, or work history of registered nurse(s) demonstrating 2 years of clinical nursing experience.)

RN Faculty Signature:_____ **Date:**_____

This section to be completed by the South Dakota Board of Nursing

Date Application Received:	Date Application Denied:
Date Approved:	Reason for Denial:
Expiration Date of Approval:	
Board Representative:	
Date Notice Sent to Institution:	